

OFFICE OF THE CHIEF PROCUREMENT OFFICER COUNTY OF COOK

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375 (312) 603-5370

PURCHASE ORDERED ISSUED TO

836383

Smart Grafix LLC 104 Franklin St Batavia IL 60510 DATE

5/10/2013 F.O.B. POINT THIS PURCHASE ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, SHIPPING PAPERS AND DROP SHIPMENTS

PURCHASE ORDER NO. 185250 - 000- OP REQUISITION NO.

00107836 OR

COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Revenue

C C Bldg 118 N Clark St Rm 1160 Chicago IL 60602-1304 **DELIVERY INSTRUCTIONS**

Joyce M. STeele 5721

312/603-

DEPT NO 0071373

Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE		YYTITV MC	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER				
5.00	Scanline-File#1 Test File File #2 Live File Line(1)Scanline File(Io) Per Specifications Line (2) 420,000-Pre-printed Documents w/100 test scan samples Per Specifications. Line(3) 420,000-Sorting and Inserting Documents. Line(4)Envelopes for 35,000 Taxpayers for insert doc(flats 9 x 12) Line (5)Shipping and handling Contract Period 6/17/13 Thru 6/16/14	.00	јв	.0000	25,000.00	0071373.520495				

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

RECEIPT	CERTIFICATION	(FOR	DEPARTMENT USE	ONLY
	CERTIFICATION	IIVK	DEFARIFICIAL USE	OILL!

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature:

Date: —

Total Order

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.

CHIEF PROCUREMENT OFFICER Date:

8m 9. P 19 June 2013

S1/5

25,000.00

Report: R56REQ2

Purchase Requisition

Office of the Purchasing Agent

Dead of the order

Purchase Order Number

Requisition #) heaby certify that the tiems audior services above are measurary to this department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line from budget appropriation approved by the Source of County Commissioners and there is a sufficient One Time Purchase Yes No Covers Need for Line # Commodity Description 1.000 962 CERTIFICATION Divide Sum of Products by 10: 669/10 = 66 w/ a remainder of 9 *** Sum of Products: 669 0+0+0+0+63+72+21+30+35 = 669C C Bldg 118 N Clark St Rm 116 Revenue The check digit is 1. Subtract the remainder from 10: 10-9=1 0098765 Scanline - File #1 Test File Chicago IL 60602-1304 equivalents): Converted Scanline Assigned Values* (convert alphas to their numeric SCAN LINE PRINTED ON DOCUMENT (sample) Check Digit Routine: Mod 10 Sum of Products SCANLINE SPECIFICATIONS Multiple the Converted Scanline Values times the Weight of (3579) ** 4 0 0 0 0 0 9 6 0 6 6 0 14 21 4 8080EL DIGIT DETERMINATION ROUTINE Customer # Invoice # Amount Due 6 0 6 6 0 E L 490604 \$987.65 CHECK the front of Return. Create scanline from excet file from DOR and insert OCR Scan line on 18+0+42+54+0+70+147+36+27+0+42+0+12+0+ S 107836 490604 000 9 0 6 0 months. Specific Period of time 312/603-5721 Joyce M. STeele Delivery Instructions: File #2 Live File Contract # 13-81-12563 Cook County of Illinois CCA Bai. on Hand DATE ACCT# TEAM LEAD MAILBOX APPROVED BUDGETARY ACCOUNT Quantity UOM 1.00 [0 Open Date 무 Est. Unit Cost Business Unit 2,500,0000 **Expiration Date** Buyer Number Date Needed Requisition Date Board Apr Date & Item Internal Req Number Extended Cost Business Unit and Object Account 2,500.00 PURCHASING USE ONLY 724149 Supervisor 80 0071373.520495 Emergency No. BSV 0071305 2/8/2013 2/8/2013 0071373

Office of the Purchasing Agent Cook County of Illinois

Buyer Number

724149 Supervisor 80

Purchase Order Number

Line # Commodity Description	One Time Purchase	Ship To: 8000898 Revenue C C Bkg Chicago I	Requisition # OR
escription	Yes N	Revenue C C Blóg 118 N Clark S Chicago IL 60602-1304	
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Line # Commodity Description	One Time Purchase Yes No Covers Need for months. Specific Period of time	Delivery Instructions: Joyce M. STeele 312/603-5721	Contract #
Bal. on Hand	ងាល Prior Contre	Supplier: 299999	
Quantity UOM	Prior Contract No.	Supplier: 299999 TEAM LEAD MAILBOX	Chair Date
Est. Unit Cost	Exp		
Extended Cost	Expiration Date	internal Req Number Board Apr Date & Item Requisition Date Date Needed	Bid/Sole Src Code Business Unit
Extended Cost Business Unit and Object Account	Expiration DateEmergency No	22 23 8	BSV 0071373

* Refer to the Scanline Value Conversion Table on the next page

** You may choose any 2 - 6 digit weight value

*** When the remainder is 0 (zero), then the check digit is 0 (zero)

SCANLINE VALUE CONVERSION TABLE Note: We require the check digit to be a numeric value.

Scanline ValueAssigned ValueScanline ValueAssigned Value

11,719 00118

44M22 331.21

22K20

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RECEIVED AGENT

68 : 21 Hd

MIDLESSI

55N23 66O24 77P25

88026 99R27

A10S28 B11T29

C12U30

D13V31

F15X33 E14W32

H17Z35 G16Y34

CERTIFICATION

Thereby carifly that the items and/or services above are necessary to this department (or institution) and that the dept. no., account a sadily number indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unexamined to the substance in the account to grant some.

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APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT#

DATE

BY

BUREAU or DEPARTMENT HEAD

REQUISITIONER

Purchase Order Number

Office of the Purchasing Agent

	I nereby certify that the flams analysis enrices above are necessary to this department (or it statution) and that the dept in capacity at activity numbers invisated above securately reflect the spacetife line item budget appropriation approved by the Board of County Commissioners and there is a sufficient insercumbered balance in the account to grant same.	CER																	i.						2.000 962		Line # Commodity	One Time Purchase			Ship To: 8000898	Requisition #		
	andfor services a at & activity numb account by the Boa account to grant	CERTIFICATION	(105 g/m2) LE	a weight of 20	Paper Weight	Height 2.75 (6	Length 4.75 (Minimum Maximum	following limits:	are within the	height ratio be	recommend t	Length and H	document design or layout.	advance of ar	adversety imp	remittance do	specifications	however, the document	during the init	utilized as a guideline	Scannable Dr	Specifications	National Netv	420,000 Pre-s		Commodity Description	Yes N	Cincago in Coccan coc	CC Bldg 118	Revenue	# OR	-	
	bone are necessary to this derivation are necessary to this decirated above securate and of County Commissioners same.). We recommend that the	a weight of 20 (75 g/m2) to 24	/Grain The processing e	Height 2.75 (6.5 cm) 4.80 (12.3 cm)	Length 4.75 (12.1 cm) 8.50 (22.8 cm)	dmum	9 2		within the range of 3:2	recommend that the length to	eight For efficient handli	sign or layout.	advance of any changes to the	sected. Please notify you	remittance documents is not	must remain constant s	document	ial design of your remitt	Juideline	ocument Specifications:		vork Scannable Wholese	420,000 Pre-printed Documents			No Covers Need for	No.	C C Bldg 118 N. Clark St Rm 118		107836		
	epathment (or institution) y reflect the specific line s and there is a sufficient		(105 g/m2) LB. We recommend that the grain lie along the horizontal		Paper Weight/Grain The processing equipment can handle paper that has						height ratio be within the range of 3.2 to 3.1 and that the dimensions		Length and Height For efficient handling and stacking of documents, we			adversely impacted. Please notify your implementation Consultant in		specifications must remain constant so that processing of your lockbox		during the initial design of your remittance document. Once finalized,		Scannable Document Specifications: The following parameters should be		National Network Scannable Wholesale Lockbox Scannable Document	w/100 test scan samples			months. Specific Period of time	o resignation and	Joyce M. STeele	Delivery instructions:	Contract #		4 44
7	ACCT#	00A																							^ •		Bal, on Hand	u4			Supplier: 299999		Cook County of Illinois	2 4 4 4
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REQUISITIONER

Purchase Order Number

Office of the Purchasing Agent

Cook County of Illinois

Requisition # One Time Purchase Yes No Covers Need for months. Specific Period of time Ship To: 8000898 Line # Commodity Description Revenue C C Blog 118 N Clark St Rm 116 Chicago IL 60602-1304 S 107836 312/603-5721 Joyce M. STeele Delivery Instructions: Contract # Supplier: 299999 Bal, on Hand 3 TEAM LEAD MAILBOX Prior Contract No. Quantity UOM Open Date Est. Unit Cost **Expiration Date** Board Apr Date & Item Internal Req Number Date Needed Requisition Date Business Unit Bid/Sole Src Code Buyer Number Extended Cost Business Unit and Object Account 724149 Supervisor 80 Emergency No. BSV 0071305 2/8/2013 2/8/2013 0071373

Surface Texture The surface texture must be such that the ink will

adhere to it during multiple passes

through OCR readers. Documents should be encoded on their felt side.

Perforation Placement · Perforations should be as far from the scan obverse side of the document. The reverse side is the wire side.

distance of 1/2 is required. line as possible. A minimum

· Laser cut perforation is the recommended method due to the quality

consistency of the perforation.

perforation If the remittance stub is part of a larger document separated by a

line, to avoid potential tears from damaging the scan-line data, the

should be located at the bottom of the page with the perforation line

the top end of the coupon.

consistent ink application, Laser Printing - Scan line laser printing is recommended. It produces

character spacing, and character alignment.

Impact printing is not acceptable due to inconsistencies in ink

CERTIFICATION

S

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line item budget expression, approved by the Beard of County Commissioners and there is a sufficient unencumbered bajeava in the account to grant same.

DATE ACCT# APPROVED BUDGETARY ACCOUNT 84 PURCHASING USE ONLY

REQUISITIONER

Purchase Order Number

Office of the Purchasing Agent

CE I hereby certify that the item and that the dept. no., acco item budget appropriation a unencumbered balance in t		4.000 962	3.000 962													Line # Commodity Description	One Time Purchase		Ship To: 8000898	Requisition #	.	
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above are ner ibers indicated band of County at same.		Envelopes for 35,000 Taxpayers	Inserting	of the scan line, as this may cause read errors Systematic detection of check-off box is available	osite	dress Change check-off n printed on the back of i	of the scannable coupo	sest your customers com	changes or other information).		physically inspect the b	Name & Address Change	and reduce the amount of accurate information.	9	vacing, and character ali		No Covers Need for	Chicago IL 60602-1304	0 N Clark 0: 01	107830	107000	
ressary to this department (or institution) above accurately reflect the specific line Commissioners and there is a sufficient		- for insert doc(Flats 9x:12)	Documents	ead errors ox is available		Name & Address Change check-off box on the front of the coupon. Information printed on the back of the form must not be printed	on the back of the scannable coupon, we strongly recommend you include a	If you request your customers complete Name & Address Change information			We do not physically inspect the back of documents for notes		nformation.	•	application, character specipo, and character alignment. Misreads and rejects		months. Specific Period of time	312/603-5721	Delivery Instructions:	Contract #	0	
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REQUISITIONER

Purchase Order Number

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	Contract Per	Shipping and handling	Commodity Description			# OR		
	Contract Period: March 1, 2013 Through March 31, 2015. White The Contract of the Contract Section Contract Con	thandling		No Covers Need for	Revenue C C Bldg 118 N Clark St Rm 116 Chicago IL 60602-1304	107836		
	rough March 31, 2015.			months. Specific Period of time	Delivery Instructions: Joyce M. STeele 312/603-5721	Contract #	Circo	Office
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	Total of Items Ordered	125.0000	1 1	Expiration of the second of th		J		
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APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

BUREAU or DEPARTMENT HEAD

REQUISITIONER

DATE

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